

**LAKE WEST JUNIOR SPORTS LEAGUE**  
**YOUTH BOYS AND GIRLS WRESTLING CLUB**

**PARENTS - PLEASE READ!!**

\*Sign up in person: Tuesdays, December 1<sup>st</sup> and December 8<sup>th</sup> at Lake West Christian Academy @ 5:30-7:00.

\*Mail or drop off registration ):

Mail: Lake West Junior Sports League, P.O. Box 382, Sunrise Beach, MO 65079 or

Drop Off: Lake West Christian Academy, 17178 Hwy 5, Sunrise Beach, MO.

office hours (Mon. - Fri. 8am to 4:30pm) 374-1500 Questions only: No phone registration accepted.

\*Application must be completed, accompanied by payment and the parent agreement must be signed.

\*Practice Sessions: TUESDAY AND THURSDAY

\*Location: Lake West Christian Academy, Hwy 5, Sunrise Beach

No refunds will be made after the program has begun.

APPLICATION FOR **(CIRCLE ONE)**:

YOUTH WRESTLING CLUB Boys and Girls Mixed Fee: \$35, \$65 per family

AGES: (5-6) (7-8) (9-10) (11-12) (13-14)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Parent Name \_\_\_\_\_ Emergency Name & Number \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

Past Experience? Yes No

**Parent/Spectator Agreement: (Application will not be accepted unless signed by parent or guardian!)**

I am aware of the inherent dangers of the program and warrant that my child is in good physical condition. I do hereby waive any responsibility, and agree to hold harmless, and not at fault, the Lake West Junior Sports League and Lake West Christian Academy, the organizers, supervisors, coaches and participants, for any claim arising out of any injury to my child, whether the result of accident, negligence or any cause. Also, I, as a parent, when attending games or practices will be a good role model to my child by demonstrating good sportsmanship, respecting the officials, other players and coaches, and not allow negative comments or actions effect the game. I agree the League is for the players to enjoy and a positive attitude needs to be exhibited by parents, coaches and players. I realize that I may be asked to leave or any unsportsmanlike or negative behavior.

Parent/Guardian Signature & Date: \_\_\_\_\_

OFFICE USE ONLY: PLEASE DO NOT FILL IN

\_\_\_\_ \$35 Lake West Junior Sports League

\_\_\_\_\_ Date

\_\_\_\_\_ Cash

\_\_\_\_\_ Check

**Parents:** \_\_\_\_\_ I would be interested in volunteering to coach.

\_\_\_\_\_ I would be interested in volunteering to assist to coach.

Coaches are assigned by availability & past volunteer experience. Assignments will be made by the department and there is no guarantee of placement.